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S	APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
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NOTICE OF ALL	OWANCE MAILED		CLAIMS ALLOWED					
		Assistant Examiner	Total Claims		Print Claim for O.G			
ISS	UE FEE		DRAWING					
Amount Due		1	Sheets Drwg.	Figs.Drwg.	Print Fig.			
		Primary Examine						
TE	RMINAL	PREPARED FOR ISSUE	Application	Application Examiner				
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